



Fact Sheet

Assessing the need

The Maryland State Board of Victim Services strives to meet the needs of survivors of crime by providing funding sources to existing community organizations throughout the state. The current study conducted by the State Board in partnership with the University of Baltimore sought to identify the strengths and weaknesses of meeting the needs of survivors of homicide through a structured questionnaire to service providers around the state in an effort to gain insight on how to better improve existing services. Each county has a different homicide rate and thus a different need; therefore findings were organized by county in order to assess the strengths and weaknesses per county.

Service providers were organized by county and included:

- The states attorney's offices
- Law enforcement agencies
- Counseling programs
- Shelters
- Domestic violence agencies
- Substance abuse centers
- Hospitals/Hospice programs

According to the Federal Bureau of Investigation's most recent crime statistics for 2013, there were a total of **387** homicides in Maryland.

Number of Homicides per County (2013)

County	Number of Homicides	Total Percent
Allegany	4	.10%
Anne Arundel	15	4%
Baltimore	20	5%
Baltimore City	233	60%
Calvert	4	1%
Caroline	0	0%
Carroll	4	1%
Cecil	5	1%

Charles	3	.8%
Dorchester	0	0%
Frederick	5	1%
Garrett	0	0%
Harford	5	1%
Howard	5	1%
Kent	0	0%
Montgomery	9	2%
Prince George's	56	14%
Queen Anne's	2	.5%
St. Mary's	3	.8%
Somerset	2	.5%
Talbot	1	.3%
Washington	6	1.5%
Wicomico	3	.8%
Worcester	2	.5%

These figures provide some background on the scope of the problem related to homicide by county. The highlighted counties above make up the most homicides in the state and thus, have the greatest needs for services for survivors.

Questionnaire:

A total of 175 agencies were contacted to part take in the questionnaire based on a list of service providers on the "Maryland Community Service Locator." Interviewees made up of:

- Directors
- Supervisors
- Clinicians
- Victim witness coordinators.

Questions of interest on the questionnaire included:

- If services were provided to survivors of homicide by the organization/agency
- What services were offered
- If referrals were made

And a few opinion questions based on their experience in the field followed:

- What needs they believed were not being met by existing services and programs in the county
- If they needs were being met for this population
- What strengths and weakness existed in the county
- What services they felt were most important after a homicide both long and short term
- What barriers may exist that may prevent a family from having their needs met. Main findings are presented below.

Main findings:

While answers to the questionnaire varied depending on the county, point A and B were pretty consistent despite placement in the state. The numbers next to each point denote the most frequent responses; respondents can list multiple points for each question.

- A. Overall: barriers identified that prevent family members from having their needs met: (In order of importance)
- a. Stigma/fear (70)
 - b. Transportation (54)
 - c. Financial concerns/limited insurance (54)
 - d. Awareness of available services (44)
 - e. Language/cultural barriers (31)
 - f. Lack of services in the area (especially found in rural areas) (23)
 - g. Budget cuts/resource constraints make waitlists more probable (10)
 - h. Services for newly homeless populations (3)

Since the overwhelming answer to the above question was stigma and fear related to receiving services, it seems that there needs to be a larger effort in breaking down these sentiments. Transportation and financial concerns were listed as the number two most frequent response, despite placement in the state.

- B. Overall: what services do you see as most important to family members after a homicide, both long and short term?: (In order of importance)
- a. Long-term counseling/therapy (80)
 - b. Counseling services (72)
 - c. Legal advocacy (e.g. notification, education, etc.) (39)
 - d. Support groups (31)
 - e. Crisis intervention (29)
 - f. Help with financial services such as burial expenses (22)
 - g. Connecting to services 16)

- h. Shelters, when applicable (9)
- i. Outreach (5)
- j. Relocation help, when applicable (4)

Respondents frequently cited the need for follow-up and long term counseling services due to the nature of the crime. The number two response, counseling services, refer to more short-term (less than 12 sessions) of counseling to help the survivor acknowledge the loss and help develop coping skills to be able to better move forward with their lives. The number three response relates to receiving legal services, including being kept abreast of the case and how to best move forward with the legal process.

The following points did vary by county and will be discussed below.

C. Top needs of family members that are NOT being met by existing programs and services in the county:

	<u>Child psychiatrists</u>	<u>Support groups</u>	<u>Follow-up services</u>	<u>Latino services</u>	<u>Shelters</u>	<u>Pro-bono counseling</u>	<u>Outreach</u>	<u>Trauma-based counseling</u>	<u>Financial assistance</u>	<u>Transportation help</u>	<u>Victim training</u>
<u>Allegany</u>	X	X					X	X		X	
<u>Anne Arundel</u>		X	X			X	X	X			
<u>Baltimore City</u>	X	X	X	X	X	X	X	X	X	X	X
<u>Baltimore County</u>	X			X	X	X	X		X		X
<u>Calvert</u>		X					X	X			
<u>Caroline</u>				X			X				
<u>Carroll</u>		X						X	X		
<u>Charles</u>		X						X			
<u>Cecil</u>										X	
<u>Dorchester</u>			X				X	X			
<u>Frederick</u>	X	X			X			X		X	
<u>Garrett</u>	X							X			
<u>Harford</u>	X	X								X	
<u>Howard</u>			X			X		X	X		
<u>Kent</u>								X		X	
<u>Montgomery</u>	X	X	X				X	X	X		X
<u>Prince George's</u>	X	X		X	X	X			X		
<u>Queen Anne's</u>											
<u>Somerset</u>							X	X		X	
<u>St. Mary's</u>					X			X			
<u>Talbot</u>	X						X	X	X	X	
<u>Washington</u>					X			X			
<u>Worcester</u>			X		X			X			
<u>Wicomico</u>					X					X	

As the above chart denotes, the most frequent response is that trauma-based counseling services are not made readily available to survivors., while the less frequent response is that victim training needs to be occur more often in order to provide the best care. The need for support groups and outreach services were the second most frequent response followed by transportation help.

D. Are the needs being met for survivors of homicide in the county?

Response:	Yes	No	Not sure	No definite answer
Allegany	25%		50%	25%
Anne Arundel	33%	27%	40%	
Baltimore	41%	27%	23%	9%
Baltimore City	27%	45%	21%	7%
Calvert	83%	17%		
Caroline	50%	50%		
Carroll	66%	17%	17%	
Cecil	33%	33%	33%	
Charles	63%	13%	13%	13%
Dorchester	60%	20%	20%	
Frederick	38%		50%	12%
Garrett	50%	25%	25%	
Harford	13%	29%	29%	29%
Howard	29%	43%	14%	14%
Kent	40%	60%		
Montgomery	50%	8%	25%	17%
Prince George's	47%	41%	12%	
Queen Anne's	67%	33%		
St. Mary's	100%			
Somerset			100%	
Talbot	50%	33%	17%	
Washington	67%	33%		
Wicomico	50%	50%		
Worcester	60%		20%	20%

** "Not sure" may mean the person has not yet dealt with this issue or they do not deal directly with victims themselves. "No definite answer" denotes when a service providers would say something like "there are gaps," or "somewhat" but when asked for clarification on a yes or no answer, they would say the original statement.

Findings suggest that fewer than 50% of agencies responded that yes the needs are being met in the county (yes=50% or more). In the five highlighted counties, only one (Montgomery) responded that yes the needs were being met by 50% of the agencies, with the rest responding less than 50%. St. Mary's county did respond 100% that the needs were being met but only two agencies were surveyed. Important to note, in Baltimore City where 60% of the total

homicides in 2013 occurred, 45% of agencies responded that the needs were not being met. Similarly, in Prince George's (PG) County, 41% of service providers responded that survivor's needs are not being met. Together Baltimore City and PG make up 74% of the homicides in the state of Maryland in 2013.

E. What strengths exist for survivors of homicide in the community?

	<u>Organization exits for trauma in the community</u>	<u>Victim/witness coordinator in State's Attorney's office</u>	<u>Collaboration with agencies (connecting services)</u>	<u>Criminal injuries compensation board</u>	<u>Crisis intervention services</u>	<u>Support groups for trauma</u>	<u>Pro-bono services</u>	<u>Support through hospice</u>
Allegany			<u>x</u>		<u>x</u>			<u>x</u>
Anne Arundel	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>			
Baltimore	<u>x</u>		<u>x</u>		<u>x</u>			<u>x</u>
Baltimore City	<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>		<u>x</u>	<u>x</u>	
Calvert		<u>x</u>	<u>x</u>					
Caroline	<u>x</u>	<u>x</u>			<u>x</u>			
Carroll	<u>x</u>		<u>x</u>		<u>x</u>			
Cecil		<u>x</u>		<u>x</u>				
Charles		<u>x</u>	<u>x</u>		<u>x</u>			
Dorchester	<u>x</u>		<u>x</u>					<u>x</u>
Frederick	<u>x</u>		<u>x</u>					<u>x</u>

Garrett	<u>x</u>		<u>x</u>					
Harford	<u>x</u>			<u>x</u>	<u>x</u>			
Howard	<u>x</u>	<u>x</u>			<u>x</u>			
Kent	<u>x</u>		<u>x</u>					
Montgomery	<u>x</u>	<u>x</u>		<u>x</u>	<u>x</u>	<u>x</u>	<u>x</u>	
Prince George's	<u>x</u>	<u>x</u>	<u>x</u>		<u>x</u>	<u>x</u>	<u>x</u>	
Queen Anne's	<u>x</u>	<u>x</u>						
St. Mary's		<u>x</u>	<u>x</u>					
Somerset	<u>x</u>							
Talbot	<u>x</u>		<u>x</u>					<u>x</u>
Washington	<u>x</u>	<u>x</u>						
Wicomico	<u>x</u>		<u>x</u>					
Worcester			<u>x</u>	<u>x</u>	<u>x</u>			

The above chart illustrates that among the biggest strengths, coloration with agencies was the most frequent response because when agencies work together, more survivors are linked up with services. This was most frequent in smaller counties where agencies are well connected. The two less frequent strengths were support groups and pro-bono services most likely due to the fact that these services only exist in certain counties, highlighting the need for more of these services throughout the state.

Concluding thoughts:

The service provider questionnaire has provided insight into whether the needs are being met for survivors of homicide and what specific weaknesses and strengths exist for this population. In Baltimore City and PG County where homicides are most frequent, service providers generally believe the needs are not being met. Top 10 needs identified that should be more readily available include the demand for child psychiatrists, support groups, follow-up services, Latino services, shelters, pro-bono counseling, outreach services, financial services, trauma-based counseling, and transportation assistance.

The State Board intends to conduct a questionnaire with survivors themselves in order to compare and contrast a needs assessment. This phase two should be beginning in July of 2014.